


U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	<u>Ricky J Hamby 1181 Paddock Road Smyrna DE. 19977</u>	COURT CASE NUMBER	<u>05-626 JJF</u>
DEFENDANT	<u>Attorney Generals Office</u>	TYPE OF PROCESS	
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	<u>Attorney General</u>		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	<u>820 North French Street, Wilmington DE. 19801</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	
<u>Attorney Generals Office</u>		Number of parties to be served in this case	
<u>820 North French Street</u>		Check for service on U.S.A.	
<u>Wilmington Delaware, DE. 19801</u>			
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):			
Fold			

2006 NOV 29 AM 9:15
U.S. MARSHAL SERVICE
DELAWARE

Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date	
		No. _____	No. _____	<u>BF</u>	<u>11-2-06</u>	
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.						
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)						
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.		
<u>Keith Brady</u>						
Address (complete only if different than shown above)				Date of Service	Time	
				<u>11/28/06</u>		
				Signature of U.S. Marshal or Deputy		
				<u>BF</u>		
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS: